

Claim No.: _____

INDUSIND INLAND TRAVEL CARE POLICY - CLAIM FORM C

*Policy No./Certificate No: XXXXXXXXXXXXXXXXXXXX

Name of the common carrier

Flight No.

From:

To:

PNR No.

Please complete the section relevant to your claim

LOSS OF TOTAL CHECKED IN BAGGAGE

Date: DD/MM/YYYY

Time: _____ Hrs.

Location: _____

Number of pieces of baggage checked-in:

Number of pieces of baggage lost:

In case of baggage, please specify the followings

Scheduled date of Arrival:

DD/MM/YYYY

Scheduled time of Arrival: _____: _____ Hrs

Actual date of Arrival:

DD/MM/YYYY

Actual time of Arrival: _____: _____ Hrs

(Please provide the details of expenses related to the loss of the checked baggage in the table given below)

TRIP DELAY/CANCELLATION/INTERRUPTION/MISSED CONNECTION

Reason for Trip delay/Cancellation/Interruption

- ☐ Death or Unforeseen disease/illness/injury
☐ Termination of Employment
☐ Inclement Weather Conditions
☐ Uninhabitable condition of the place of stay abroad due to fire, flood, vandalism, burglary, or natural disaster
☐ Abduction/Quarantine of the Insured Person
☐ Felonious Assault on the Insured Person/Family Member/Traveling Companion
☐ Terrorist Incident in the place of visit
☐ Delay of Common Carrier*
☐ Lost or stolen passport, travel documents or money.*
 * Not applicable for trip delay

In case of trip delay and missed connection

Scheduled date of Arrival:

DD/MM/YYYY

Scheduled time of Arrival: _____: _____ Hrs

Actual date of Arrival:

DD/MM/YYYY

Actual time of Arrival: _____: _____ Hrs

Number of Hours delayed:

In case of missed connection

Date of Departure of Connecting Flight: DD/MM/YYYY

Time: _____

In case of trip cancellation/trip interruption

Date: DD/MM/YYYY

Time: _____

Location:

Whether accommodation & boarding provided by carrier?

☐ Yes

☐ No

indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



* In case of Delay, please provide details of purchases made _____

* In case of Loss, please provide details of items lost _____

Date Of Loss: DD/MM/YYYY

Nature Of Loss:

DD/MM/YYYY

Cause Of Loss:

a. Traveling expense towards deployed person

b. Return Travel expenditure towards Insured/Insured Person

Name of the Bank Account Holder

☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T

Bank Account No.:

Account:☐ Saving ☐ CurrentName of the BankBranch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

*Mandatory details to be filled.



Download Now



PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act, 2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

HEALTH CARE ADDRESS:

Health Care Unit: IndusInd General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081. **Email:** healthcare@indusindinsurance.com.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

